

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

ADDRESS (number and street)

333 S. WABASH

43-S

☐Check if different  
than previously  
reported. (ACC)

CHICAGO

IL

60604

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00078287

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Karen E. Melchert

Signature of Treasurer

Electronically Filed by Karen E. Melchert

Date

07

26

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		13271.22
(b) Cash on Hand at Beginning of Reporting Period .....	13271.22	
(c) Total Receipts (from Line 19) .....	71141.76	71141.76
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84412.98	84412.98
7. Total Disbursements (from Line 31) .....	45118.95	45118.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39294.03	39294.03
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	37907.98	37907.98
(ii) Unitemized .....	32483.78	32483.78
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	70391.76	70391.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	70391.76	70391.76
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	250.00	250.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	71141.76	71141.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	71141.76	71141.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		118.95	118.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		118.95	118.95
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		34000.00	34000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		11000.00	11000.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		45118.95	45118.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		45118.95	45118.95

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	70391.76	70391.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70391.76	70391.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	118.95	118.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	250.00	250.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-131.05	-131.05

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Roger Ablett			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12120	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>B.</b> Full Name (Last, First, Middle Initial) Roger Ablett			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11640	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>C.</b> Full Name (Last, First, Middle Initial) George Agyen			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12122	
City State Zip Code Chicago IL 60655		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			125.01	
<b>TOTAL</b> This Period (last page this line number only) .....				

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) George Agyen Mailing Address CNA Plaza City Chicago State IL Zip Code 60655 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.11643 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">41.67</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	41.67									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		1	5		2	0	0	7																								
41.67																																	
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Anway Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.85			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.12166 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">54.17</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	4		2	0	0	7	54.17									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	5		1	4		2	0	0	7																								
54.17																																	
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Anway Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.02			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.11695 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">54.17</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	7	54.17									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	6		1	5		2	0	0	7																								
54.17																																	
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			<table border="1"> <tr> <td colspan="10">150.01</td> </tr> </table>	150.01																													
150.01																																	
<b>TOTAL</b> This Period (last page this line number only) .....			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Daniel Auslander Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 3 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.10754 Amount of Each Receipt this Period 500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Barger Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.10699 Amount of Each Receipt this Period 250.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Patricia Barkdoll Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.10721 Amount of Each Receipt this Period 500.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Pilar Barreda			Date of Receipt MM / DD / YYYY 01 / 15 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10779	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 8.34		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 8.34		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Baumel			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12123	
City State Zip Code Chicago IL 60604		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Baumel			Date of Receipt MM / DD / YYYY 06 / 15 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11644	
City State Zip Code Chicago IL 60604		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			91.68	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Darci Beacom			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12124	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 41.67	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>B.</b> Full Name (Last, First, Middle Initial) Darci Beacom			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11647	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 41.67	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>C.</b> Full Name (Last, First, Middle Initial) Jacquelyne Belcastro			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12125	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 41.67	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			125.01	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Jacquelyne Belcastro

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11648

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Thor Beveridge

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12253

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Charles Boesel

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12126

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

583.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Charles Boesel

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11649

Amount of Each Receipt this Period

41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Larry Boysen

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11918

Amount of Each Receipt this Period

62.50

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Larry Boysen

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12167

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

166.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Larry Boysen			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11696	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		
<b>B.</b> Full Name (Last, First, Middle Initial) John Brand			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12262	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Patty Bridger			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11919	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			875.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Patty Bridger			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12168	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50		
<b>B.</b> Full Name (Last, First, Middle Initial) Patty Bridger			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11697	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		
<b>C.</b> Full Name (Last, First, Middle Initial) James Casimir			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12128	
City State Zip Code Chicago IL 60604			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			166.67	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

James Casimir

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11652

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Ronald Casner

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12129

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Ronald Casner

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11653

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Bruce Cluskey, q

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12130

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Bruce Cluskey, q

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11654

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

C. Cherie Coffey

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12241

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

383.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Colburn Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12131 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Charles Colburn Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11655 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Colliau Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12254 Amount of Each Receipt this Period 500.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			583.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Linda Core		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.10702
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Terry Cosgrove		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.12132
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>C.</b> Full Name (Last, First, Middle Initial) Terry Cosgrove		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.11656
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

**SUBTOTAL** of Receipts This Page (optional) .....

383.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Michael Coyne

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.10737

Amount of Each Receipt this Period

1000.00

Contribution

B. Full Name (Last, First, Middle Initial)

Kathleen Cunning

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11920

Amount of Each Receipt this Period

62.50

Contribution

C. Full Name (Last, First, Middle Initial)

Kathleen Cunning

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12169

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Kathleen Cuning

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11701

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11921

Amount of Each Receipt this Period

62.50

Contribution

C. Full Name (Last, First, Middle Initial)

Heather Davis

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12170

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

187.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Heather Davis			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11702	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Antonio Depadua			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11922	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Antonio Depadua			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12242	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			425.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) John Devereux Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12164 Amount of Each Receipt this Period 50.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) John Devereux Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11693 Amount of Each Receipt this Period 50.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Ken Devries Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.10738 Amount of Each Receipt this Period 300.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			400.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Terry Dinterman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12255 Amount of Each Receipt this Period 500.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) C. M. Dower Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 05 / 17 / 2007 <b>Transaction ID:</b> SA11A1.10763 Amount of Each Receipt this Period 250.00 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Warren Edwards Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.67			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12133 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			791.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Warren Edwards

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.34

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11657

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Connie Eggleston

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10704

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jon Elenius

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNA InsuranceOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: SA11A1.10766

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

841.67

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) David Fennell			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12243	
City Chicago	State IL	Zip Code 60685	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Diane Ferro			Date of Receipt MM / DD / YYYY 04 / 13 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11923	
City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Diane Ferro			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12134	
City Chicago	State IL	Zip Code 60604	Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 291.67		

**SUBTOTAL** of Receipts This Page (optional) .....

404.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Diane Ferro			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11658	
City State Zip Code Chicago IL 60604			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 333.34		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Fitzgerald			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11924	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Fitzgerald			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12171	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 62.50	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			166.67	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Michael Fitzgerald

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11703

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Daniel Fortin

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12263

Amount of Each Receipt this Period

750.00

Contribution

C. Full Name (Last, First, Middle Initial)

Janet Frank

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.10755

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1562.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Fusco			Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11415	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Fusco			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11936	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Fusco			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12187	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			270.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Fusco			Date of Receipt MM / DD / YYYY 06 / 15 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11720	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 90.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Connie Gianakas			Date of Receipt MM / DD / YYYY 04 / 17 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10705	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) John Golden			Date of Receipt MM / DD / YYYY 04 / 17 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10706	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1590.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Dawn Griffin			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12256	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Lynn Gugenheim			Date of Receipt MM / DD / YYYY 04 / 27 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10740	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Haas			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12264	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			2000.00	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Hagen Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11158 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Hagen Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12135 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Timothy Hagen Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 291.69			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11659 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			125.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Hall Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12161 Amount of Each Receipt this Period 42.00 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Gary Hall Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 251.67		Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID:</b> SA11A1.11689 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) James Harms Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 04 / 17 / 2007 <b>Transaction ID:</b> SA11A1.10707 Amount of Each Receipt this Period 500.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		583.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Bruce Hay		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.12244
City Chicago	State IL	Zip Code 60604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dennis Hemme		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.12172
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.18	

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Hemme		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.11704
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.68	

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Fatmire Hotza			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10742	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Philip Imm			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12246	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Steven Jones			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12247	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1100.00	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Richard Kaminsky

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.10757

Amount of Each Receipt this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)

Jonathan Kantor

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10708

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)

Robert Keith

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11925

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1562.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Keith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.12173
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Keith		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.11705
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Karen Knight		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address CNA Plaza		<b>Transaction ID:</b> SA11A1.12257
City Chicago	State IL	Zip Code 60685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer CNA	Occupation Executive	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Mark Kruse			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10709	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Carla Kambric Lammers			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12258	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Hillary Lewis			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.10746	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			1300.00	
<b>TOTAL</b> This Period (last page this line number only) ..... ▶				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

James Lewis

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10710

Amount of Each Receipt this Period

2000.00

Contribution

B. Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12140

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Peter Lies

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11665

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

2083.34

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Stephen Lilienthal

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10711

Amount of Each Receipt this Period

1500.00

Contribution

B. Full Name (Last, First, Middle Initial)

Brian Loebach

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12260

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)

Wendy Lynn

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11666

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

2041.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Glen Mangold			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12248	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 300.00	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Robert Mann			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11926	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 62.50	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Mann			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12174	
City State Zip Code Chicago IL 60685			<b>Amount of Each Receipt this Period</b> 62.50	
FEC ID number of contributing federal political committee. <b>C</b>			<b>Contribution</b>	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.50		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			425.00	
<b>TOTAL</b> This Period (last page this line number only) .....				



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Mann Mailing Address CNA Plaza City State Zip Code Chicago IL 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11706 Amount of Each Receipt this Period 62.50 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) William McEnery Mailing Address CNA Plaza City State Zip Code Chicago IL 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12142 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) William McEnery Mailing Address CNA Plaza City State Zip Code Chicago IL 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11668 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		145.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Marilou McGirr			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12143	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>B.</b> Full Name (Last, First, Middle Initial) Marilou McGirr			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11669	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>C.</b> Full Name (Last, First, Middle Initial) Craig Meadors			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11694	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

**SUBTOTAL** of Receipts This Page (optional) .....

133.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Stephen Menke

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12144

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Stephen Menke

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11670

Amount of Each Receipt this Period

41.67

Contribution

C. Full Name (Last, First, Middle Initial)

Craig Mense

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11412

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) .....

166.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Craig Mense

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11932

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

B. Craig Mense

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12185

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

C. Craig Mense

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11718

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) .....

250.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
William Morgan

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12145

Amount of Each Receipt this Period

41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Morgan

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11671

Amount of Each Receipt this Period

41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)  
James Morris

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12146

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) James Morris Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID:</b> SA11A1.11672 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Timothy Morse Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID:</b> SA11A1.11673 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) William Nachtsheim Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 04 / 13 / 2007 <b>Transaction ID:</b> SA11A1.11927 Amount of Each Receipt this Period 62.50 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			145.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)  
William Nachtsheim

Mailing Address CNA Plaza

City	State	Zip Code
Chicago	IL	60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	0	7

Transaction ID: SA11A1.12176

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)  
William Nachtsheim

Mailing Address CNA Plaza

City	State	Zip Code
Chicago	IL	60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	7

Transaction ID: SA11A1.11708

Amount of Each Receipt this Period

62.50

Contribution

C. Full Name (Last, First, Middle Initial)  
Lew Nathan

Mailing Address CNA Plaza

City	State	Zip Code
Chicago	IL	60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	0	7

Transaction ID: SA11A1.10713

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Jeffrey Neuenschwander

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12148

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Jeffrey Neuenschwander

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11674

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

C. Frederic Nieman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.18

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12177

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

145.84

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Frederic Nieman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.68

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11709

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Robert Nienaber

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11638

Amount of Each Receipt this Period

40.00

Contribution

C. Full Name (Last, First, Middle Initial)

James O'Malley

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11639

Amount of Each Receipt this Period

40.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

142.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Sarah Pang

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11413

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

B. Sarah Pang

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11934

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

C. Sarah Pang

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 7 / 2 0 0 7

Transaction ID: SA11A1.10749

Amount of Each Receipt this Period

1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1166.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) David Perry Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12149 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) David Perry Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID:</b> SA11A1.11676 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Fred Piertropola Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12150 Amount of Each Receipt this Period 41.67 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			125.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Fred Piertropola

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11677

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 3 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11414

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

C. Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11935

Amount of Each Receipt this Period

83.34

Contribution

SUBTOTAL of Receipts This Page (optional) .....

208.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12186

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

B. Thomas Pontarelli

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11719

Amount of Each Receipt this Period

83.34

Contribution

Full Name (Last, First, Middle Initial)

C. Richard Pye

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12151

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

208.35

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Richard Pye

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11679

Amount of Each Receipt this Period

41.67

Contribution

B. Full Name (Last, First, Middle Initial)

Gail Ranieri

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12249

Amount of Each Receipt this Period

300.00

Contribution

C. Full Name (Last, First, Middle Initial)

Robert Rice

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12250

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

641.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Vicky Russell			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12261	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA Insurance		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Scott			Date of Receipt MM / DD / YYYY 05 / 14 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12265	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Andrew Shapiro			Date of Receipt MM / DD / YYYY 04 / 13 / 2007	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11928	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 62.50		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			1312.50	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Andrew Shapiro

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12179

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

B. Andrew Shapiro

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11711

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

C. Kevin Shyne

Mailing Address CNA Plaza

City State Zip Code  
 Chicago ID 60685

FEC ID number of contributing federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10726

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

425.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 82

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Ken Simmons Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12152 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Ken Simmons Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11680 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Jerry Sliwa Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.10727 Amount of Each Receipt this Period 300.00 Contribution

**SUBTOTAL** of Receipts This Page (optional) .....**383.34****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
David Smith

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12153

Amount of Each Receipt this Period

41.67

Contribution

**B.** Full Name (Last, First, Middle Initial)

David Smith

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11681

Amount of Each Receipt this Period

41.67

Contribution

**C.** Full Name (Last, First, Middle Initial)

Ralph Soletti

Mailing Address CNA Plaza

City State Zip Code  
Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12154

Amount of Each Receipt this Period

41.67

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Ralph Soletti			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11682	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Stegeman			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12155	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Stegeman			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11683	
City State Zip Code Chicago IL 60685		Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. C		Contribution		
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		

SUBTOTAL of Receipts This Page (optional) .....

125.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Michelle Stegmann

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10728

Amount of Each Receipt this Period

300.00

Contribution

B. Full Name (Last, First, Middle Initial)

Mark Stephens

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10734

Amount of Each Receipt this Period

500.00

Contribution

C. Full Name (Last, First, Middle Initial)

Thomas Stillman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11929

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

862.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Thomas Stillman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12180

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

B. Thomas Stillman

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11712

Amount of Each Receipt this Period

62.50

Contribution

Full Name (Last, First, Middle Initial)

C. Stephen Stonehouse

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10715

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

625.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Karen Stuttman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12156 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Karen Stuttman Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11684 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Kathy Szur Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12251 Amount of Each Receipt this Period 300.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			383.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.35			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12157 Amount of Each Receipt this Period 41.67 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) John Tatum Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.02			Date of Receipt MM / DD / YYYY 06 / 15 / 2007 <b>Transaction ID:</b> SA11A1.11685 Amount of Each Receipt this Period 41.67 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) David Tenenbaum Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt MM / DD / YYYY 05 / 14 / 2007 <b>Transaction ID:</b> SA11A1.12252 Amount of Each Receipt this Period 300.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			383.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Charles Thomas

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10764

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cynthia Traczyk

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12158

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

C. Cynthia Traczyk

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11686

Amount of Each Receipt this Period

41.67

Contribution

SUBTOTAL of Receipts This Page (optional) .....

583.34

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Marie Usher			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12159	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>B.</b> Full Name (Last, First, Middle Initial) Marie Usher			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.11687	
City State Zip Code Chicago IL 60685			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.02		
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Vankley			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address CNA Plaza			<b>Transaction ID:</b> SA11A1.12160	
City State Zip Code Chicago IL 60604			Amount of Each Receipt this Period 41.67	
FEC ID number of contributing federal political committee. C			Contribution	
Name of Employer CNA		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.35		
<b>SUBTOTAL</b> of Receipts This Page (optional) .....			125.01	
<b>TOTAL</b> This Period (last page this line number only) .....				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

A. Jeffrey Vankley

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11688

Amount of Each Receipt this Period

41.67

Contribution

Full Name (Last, First, Middle Initial)

B. John Vaselaney

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10729

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael Warrick

Mailing Address CNA Plaza

City

Chicago

State

ID

Zip Code

60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNAOccupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10731

Amount of Each Receipt this Period

750.00

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1091.67

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11930

Amount of Each Receipt this Period

62.50

Contribution

B. Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: SA11A1.12181

Amount of Each Receipt this Period

62.50

Contribution

C. Full Name (Last, First, Middle Initial)

Stephen J. Westman

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11713

Amount of Each Receipt this Period

62.50

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

Katherine Wilson

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 2 5 / 2 0 0 7

Transaction ID: SA11A1.10732

Amount of Each Receipt this Period

500.00

Contribution

B. Full Name (Last, First, Middle Initial)

Peter Wilson

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: SA11A1.10765

Amount of Each Receipt this Period

1000.00

Contribution

C. Full Name (Last, First, Middle Initial)

Tad Womack

Mailing Address CNA Plaza

City State Zip Code  
 Chicago IL 60685

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA Insurance

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.11931

Amount of Each Receipt this Period

62.50

Contribution

SUBTOTAL of Receipts This Page (optional) .....

1562.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

<b>A.</b> Full Name (Last, First, Middle Initial) Tad Womack Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 312.50			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12182 Amount of Each Receipt this Period 62.50 Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Tad Womack Mailing Address CNA Plaza City Chicago State IL Zip Code 60685 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Insurance Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 5 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.11714 Amount of Each Receipt this Period 62.50 Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) John Wurzler Mailing Address CNA Plaza City Chicago State IL Zip Code 60604 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer CNA Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.12163 Amount of Each Receipt this Period 42.00 Contribution
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶			167.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 82

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.**

Full Name (Last, First, Middle Initial)

John Wurzler

Mailing Address CNA Plaza

City

Chicago

State

IL

Zip Code

60604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CNA

Occupation  
Executive

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.11692

Amount of Each Receipt this Period

42.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

42.00

**TOTAL** This Period (last page this line number only) .....

37907.98

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 82

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

**A.** Full Name (Last, First, Middle Initial)  
Friends of Brant Luther

Mailing Address 770 N. Lincoln Ave

City State Zip Code  
Alliance OH 44601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 7 / 2 0 0 7

Transaction ID: SA15.12272

Amount of Each Receipt this Period

250.00

Stopped Payment - Check  
Never Cashed

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 82

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

A. Full Name (Last, First, Middle Initial)

BRIAN KENNEDY FOR CONGRESS

Mailing Address PO BOX 670

City State Zip Code  
 BETTENDORF IA 52722

FEC ID number of contributing  
federal political committee.

**C** C00410738

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 1 / 1 7 / 2 0 0 7

Transaction ID: SA16.12271

Amount of Each Receipt this Period

500.00

Stopped Payment - Check  
Never Cashed

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 / 82

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A. ALEXANDER FOR SENATE 2008 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: SB23.10659

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City  
Los AngelesState  
CAZip Code  
90026Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: SB23.10673

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BLUE DOG POLITICAL ACTION COMMITTEE**Mailing Address 6849 Old Dominion Drive  
Suite 222City  
McLeanState  
VAZip Code  
22101Purpose of Disbursement  
Contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 74 / 82

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A. JIM DEMINT FOR SENATE COMMITTEE**

Mailing Address 701 GERVAIS STREET SUITE 150-178

City COLUMBIA State SC Zip Code 29201

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 00

Transaction ID: SB23.10654

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. EARL POMEROY FOR CONGRESS**

Mailing Address PO Box 746

City Bismarck State ND Zip Code 58502

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.10666

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JIM MARSHALL**

Mailing Address PO BOX 125

City MACON State GA Zip Code 31201

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: SB23.10667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 75 / 82

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. FRIENDS OF MARY LANDRIEU INC**

Mailing Address 607 14TH STREET NW SUITE 800  
SUITE 1434

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: SB23.10671

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. FRIENDS OF MAX BAUCUS**

Mailing Address 818 Connecticut Avenue, N.W.  
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.10658

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. HAGEL FOR SENATE COMMITTEE**

Mailing Address PO BOX 241497

City OMAHA State NE Zip Code 68124

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NE District: 00

Transaction ID: SB23.10672

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. HASTERT FOR CONGRESS COMMITTEE**

Mailing Address P. O. Box 625  
PO BOX 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: SB23.10652

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. HEATHER WILSON FOR CONGRESS**

Mailing Address P.O. BOX 14070  
P.O. BOX 14070

City ALBUQUERQUE State NM Zip Code 87191

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

Transaction ID: SB23.10676

Date of Disbursement

06 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. JERRY WELLER FOR CONGRESS INC.**

Mailing Address P.O. Box 15283

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: SB23.10663

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. JOHN D. DINGELL FOR CONGRESS COMMITTEE**

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: SB23.10664

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. LINCOLN DAVIS FOR CONGRESS**

Mailing Address PO Box 350

City Jamestown State TN Zip Code 38556

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 04

Transaction ID: SB23.10669

Date of Disbursement

05 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

## **C. Melissa Bean for Congress**

Mailing Address 426 C. Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 8

Transaction ID: SB23.10656

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Mitch McConnell for Senate 2008

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.10655

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** PENNSYLVANIANS FOR KANJORSKI

Mailing Address 103 South Hanover Street

City Nanticoke State PA Zip Code 18634

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 11

Transaction ID: SB23.10657

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Charles Rangel for Congress

Mailing Address PO Box 5577  
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.10651

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Charles Rangel for Congress

Mailing Address PO Box 5577  
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: SB23.10675

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.10653

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Roskam for Congress

Mailing Address 423 W. Wesley Street

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: SB23.10662

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

34000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

**A.** Citizens for DeWine (Kevin)

Mailing Address 506 Crisp Wind Court

City Fairborn State OH Zip Code 45324

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10687

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for Stivers

Mailing Address 2500 Sherwin Road

City Columbus State OH Zip Code 43221

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.10680

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Citizens for Wagoner (Mark)

Mailing Address 7445 Airport Highway

City Holland State OH Zip Code 43528

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10682

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. Committee to Elect Bill Harris**

Mailing Address 1238 Township Road 1506

City Ashland State OH Zip Code 44805

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: SB29.10688

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Friends of Bill Coley**

Mailing Address 8265 Cherry Laurel Drive

City Middletown State OH Zip Code 45044

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10684

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Husted for Ohio**

Mailing Address 100 E. Broad Street  
Suite 2225

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10686

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Full Name (Last, First, Middle Initial)

## **A. Ohio Republican Party**

Mailing Address 211 South 5th Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10689

Date of Disbursement

06 / 14 / 2007

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

## **B. Seitz for State Representative (Bill)**

Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10681

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Texans for Don Willett**

Mailing Address PO Box 1803

City Austin State TX Zip Code 78767

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.10678

Date of Disbursement

02 / 21 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

11000.00